

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15086**
3868

FILED MAY - 8 1957

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **3868**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3943 a Lafayette Ave.		e. STREET ADDRESS (If rural, give location) 1710 3943 a Lafayette Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Antoinette b. (Middle) C c. (Last) Neece		4. DATE OF DEATH (Month) (Day) (Year) April 20 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 8 1888
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) St. Charles, Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Own Home	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles Junier		13b. MOTHER'S MAIDEN NAME Odell Iott	14. NAME OF HUSBAND OR WIFE Cecil A. Neece
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cecil A. Neece 3943 a Lafayette Ave.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Carcinoma, breast left.		MEDICAL CERTIFICATION =	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH 8 years	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6-16-1899 , to 4-20-1957 , that I last saw the deceased alive on 4-19-1957 , and that death occurred at 11:40p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John H. Schunor M.D.		23b. ADDRESS 1504 So. Grand Ave.	
23c. DATE SIGNED 4-23-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-24-1957	
24c. NAME OF CEMETERY OR CREMATORY St. Charles Borromeo		24d. LOCATION (City, town, or county) (State) St. Charles, Missouri	
DATE REC'D BY LOCAL REG. APR 23 57		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE E.J. SCHNUR		ADDRESS 3125 Lafayette Ave.	

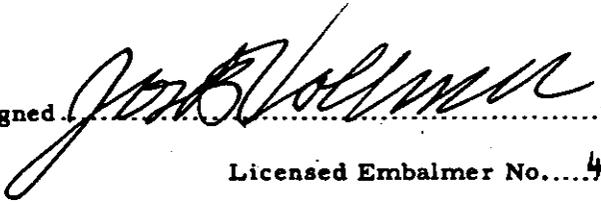
WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10-12 Tuesday

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student..... Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.